

Patient information factsheet

Adult congenital heart service: coarctation of the aorta

We have written this factsheet to give you more information about coarctation of the aorta. It explains what coarctation of the aorta is, what the procedure to treat coarctation involves and the possible risks. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us.

What is coarctation of the aorta?

Coarctation of the aorta is a congenital abnormality that is present at birth. The aorta is a large blood vessel (artery) that transports blood from the heart to the other arteries in the body. A coarctation is a narrowing in this large blood vessel that prevents the blood from flowing as freely as it should.

If the coarctation is severe, it is usually detected soon after birth. However, less severe defects may not be detected until later in childhood, adolescence or adulthood when symptoms may appear.

Recoarctation

If you have previously had a coarctation of the aorta that was repaired, it is possible that the narrowing may reoccur in adulthood. This is called recoarctation.

Treatment

Coarctation can often be treated using a balloon or an expandable metal mesh tube, called a stent. This procedure will be carried out under a general anaesthetic (medicine given to make you go to sleep) in the cardiac catheterisation laboratory (a sterile clinical area) where x-rays can be used to guide the procedure.

During this procedure, we will pass the balloon through a long tube (catheter) from the femoral artery at the top of your leg up into your heart. We will then position it across the narrowing and expand it to widen the coarctation. We will then deflate the balloon and remove the catheter. We may put a stent in place to keep the narrowed area open.

Before the procedure

Do not eat or drink anything for six hours before the procedure.

On the day of the procedure

You will usually be admitted to hospital on the day of the procedure and you are likely to stay for one night, though this may vary depending on your circumstances.

When you arrive on the ward, the nursing staff will admit you, check your blood pressure, pulse and temperature, and show you around the ward area. A doctor will then examine you,

Patient information factsheet

explain the benefits and potential risks of the procedure, and ask you to sign a consent form.

You will then have:

- a blood test
- an ECG (electrocardiogram - a tracing of the heart's electrical activity)
- a chest x-ray

You may also have an echocardiogram, which is an ultrasound scan of your heart.

You will also meet an anaesthetist, as you will need to have a general anaesthetic.

Possible complications

The procedure is considered to be safe and low-risk. The team treating you will have many years of experience. The risk of significant complications is around 2%. However, bleeding, bruising, palpitations (noticeable heartbeats) or a sore throat may be more common. We will discuss any possible complications with you at the time you sign your consent form.

After the procedure

The ward nurses will continue to monitor you and check the small wound at the top of your leg (groin), as there is a small risk of bleeding or swelling. You may be quite sleepy on your return to the ward as a result of the anaesthetic. As soon as you are awake enough, the nurses will get you something to eat and drink. You will usually be given sips of water first.

After a few hours of bed rest, you will be able to get up and move around the ward. You may have some bruising and discomfort in your groin.

The day after your procedure, we will perform another ECG, chest x-ray and echocardiogram to confirm that your device is well-positioned. We will discuss your results and any follow-up plans with you before you go home. We may prescribe you tablets to take home, specific to your needs.

Before you leave hospital, the nurses will remove your groin dressing, check your wound and explain how to care for it.

Going home

Do not drive or return to work for at least 48 hours after the procedure.

An outpatient appointment will be sent to you through the post for approximately six to twelve weeks after the procedure. At this appointment, we will assess your device and review your medications.

Contact us

If you have any concerns or questions once you are home, please feel free to contact the following for advice:

Adult congenital heart clinical nurse specialists
Telephone: **023 8120 4739**

Hospital switchboard
Telephone: **023 8077 7222** then ask for **bleep 1481**

Patient information factsheet

Cardiac catheter lab day unit
Telephone: **023 8120 4420**

Ward E2
Telephone: **023 8120 6473**

Useful links

www.nhs.uk/conditions/congenital-heart-disease

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **023 8120 4688**.

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalneeds